



**STATE OF WASHINGTON
SECRETARY OF STATE**

**CERTIFICATE OF
CANCELLATION/WITHDRAWAL OF A
LIMITED LIABILITY COMPANY**

(Per Chapter 25.15 RCW)

NO FILING FEE

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY
INCLUDE FEE AND WRITE “EXPEDITE” IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- If expedited service is used, BE SURE TO INCLUDE FEE.
Checks should be made payable to “Secretary of State”

FOR OFFICE USE ONLY

Important! Person to contact about this filing

Daytime Phone Number (with area code)

**CERTIFICATE OF
CANCELLATION/WITHDRAWAL**

NAME OF LIMITED LIABILITY COMPANY (LLC) TO BE CANCELLED/WITHDRAWN

TYPE OF LLC *(Check one)*

☐ Domestic (Formed in Washington State) ☐ Foreign (Formed in any other state or jurisdiction)

DATE OF CERTIFICATE OF FORMATION OR REGISTRATION

EFFECTIVE DATE OF CANCELLATION/WITHDRAWAL *(Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)*

☐ Specific Date: _____ ☐ Upon filing by the Secretary of State

REASON FOR CANCELLATION/WITHDRAWAL

ADDRESS WHERE SERVICE OF PROCESS MAY BE FORWARDED *(Foreign LLCs ONLY)*

Street Address or PO Box _____

City _____ State _____ ZIP or Postal Code _____

>>> PLEASE ATTACH ANY OTHER INFORMATION THE LLC ELECTS TO INCLUDE <<<

SIGNATURE OF MEMBER/MANAGER

I certify under penalty of perjury under the laws of the State of Washington that I am authorized to sign on behalf of the Limited Liability Company (LLC) submitting this cancellation/withdrawal and that the foregoing is, to the best of my knowledge, true and correct.

Signature

Printed Name

Title

Date

PUBLIC DISCLOSURE NOTICE

All information provided to the Office of the Secretary of State is available for public inspection

INFORMATION AND ASSISTANCE – 360/753-7115 (TDD – 360/753-1485)

025-009 (9/00)

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